I Agree and understand the terms and con	ditions		х					
Coverage Ellection:	Employee Only							
	Employee & Spouse							
	Employee & Children							
	Family		Х					
Service Estimates:	Enter number of wellness visits by you and/or your family per year		3					
	Enter number of anticipated Primary Care Physician Visits per Year		2					
	Enter number of anticipated Specialty Care Physician Visits per Year	- 5	1					
	Enter number of posible Urgent Care Center Visits per Year		1					
	Estimate number of Emergency Room Visits per Year		0					
	Estimate of Inpatient Hospital Vistis per Year		1					
	Enter number of Outpatient Surgeries per Year		0	1				
Perscription Drugs:	How many different generic medications are you and/or your family taking?		2			Local beco	mes (	heaper
September 1 (September 1997)	How many different Tier 2 medications are you and/or your family taking?		Î .		1	with hospi	tal sta	IV
	How many different Tier 3 medications are you and/or your family taking?		1			·		•
	How many different Specialty medications are you and/or your family taking?		0					
Other:					1		1	
	Enter anticipated number of high tech imaging services at a physician's office		0					
	Enter anticipated number of high tech imaging services at a free standing imaging center		0			_ /		
	Enter anticipated number of high tech imaging services at a hospital		0			1		
	Estimate spend on OTHER SERVICES/year such as low tech imaging, medical equipment, home health, etc.*	\$	500			/		
	Pelican					Magnofia		
	HRA 1000	HSA	775		Local	Local Plus	Open	Access
Employee Monthly Premium Contribution	342.85		198.33		465.15	488.19		516.83
Additional Plan Contribution	2000		775					
Employee Contribution**			575					
Minimum Out of Pocket Cost	\$ 4,114.20	_	2,379.96		81.80			6,201.96
Your Out of Pocket Cost	\$ 6,753.20		6,818.96		31.80			9,940.96
Maximum Out of Pocket Cost	\$ 17,314.20	\$	15,579.96	\$ 18,7	781.80	\$ 19,058.28	\$ 1	19,401.96
Rollover account for next year's out of poc	ket expenses:							
W.	\$	\$	-					
2016 Beginning Account Balance:								
	\$ 2,000.00	] \$	775.00					

Agree and understand the tern	ns and conditions	×
Coverage Ellection:	Employee Only	
	Employee & Spouse	
	Employee & Children	
	Family	х
Service Estimates:	Enter number of wellness visits by you and/or your family per year	3
	Enter number of anticipated Primary Care Physician Visits per Year	2
	Enter number of anticipated Specialty Care Physician Visits per Year	1
	Enter number of posible Urgent Care Center Visits per Year	1
	Estimate number of Emergency Room Visits per Year	0
	Estimate of Inpatient Hospital Vistis per Year	0
	Enter number of Outpatient Surgeries per Year	0
Perscription Drugs;	How many different generic medications are you and/or your family taking?	2
	How many different Tier 2 medications are you and/or your family taking?	1
	How many different Tier 3 medications are you and/or your family taking?	1
	How many different Specialty medications are you and/or your family taking?	0
Other:		
	Enter anticipated number of high tech imaging services at a physician's office	0
	Enter anticipated number of high tech imaging services at a free standing imaging center	0
	Enter anticipated number of high tech imaging services at a hospital	0
	Estimate spend on OTHER SERVICES/year such as low tech imaging, medical equipment, home health, etc.*	\$ 50

2	Pelican			Magnolia					
	HRA 1000	HSA 77	75	Local	Local Plus	Open.	Access		
Employee Monthly Premium Contribution	342.85		198.33	465.15	488.19		516.83		
Additional Plan Contribution	2000		775						
Employee Contribution**			575						
Minimum Out of Pocket Cost	\$ 4,114.20	\$ 2	,379.96	\$ 5,581.80	\$ 5,858.28	\$ 6	6,201.96		
Your Out of Pocket Cost	\$ 4,114.20	\$ 2	,569.96	\$ 5,731.80	\$ 6,008.28	\$	6,591.96		
Maximum Out of Pocket Cost	\$ 17,314.20	\$ 15	,579.96	\$ 18,781.80	\$ 19,058.28	\$ 19	9,401.96		
Rollover account for next year's out of pock	et expenses:								

1,610.00 \$ 385.00

2016 Beginning Account Balance:

\$ 3,610.00 \$ 1,160.00